



Laser and Cosmetic Center Patient Referral Form

Patient Name (Last, First): _____

DoB (mm/dd/year): _____ Pt. Phone # _____

Referring provider: _____

Referring office contact information (if necessary):

Phone: _____ Fax: _____

Email: _____

Condition for referral: _____

Oregon Health & Science University
Department of Dermatology
Laser and Cosmetic Center

T: 503 494-6483

F: 503 494-0596

E: dermsurg@ohsu.edu

Mail code: CH5D
3303 SW Bond Avenue
Portland, Oregon 97239-4501
www.ohsu.edu/dermatology

Referral for:

- Botox/Dysport/Fillers
- Hair Laser - Diode (Lightshear)
- Hair Laser - YAG + Alexandrite (Candela)
- Fraxel Dual 1550/1927 Laser
- Candela Vbeam Pulsed Dye Laser
- INFINI Radiofrequency Laser
- Lumenis Ultrapulse CO2
- QS 532 and 1064 YAG Laser
- Sciton BBL Laser
- Palomar IPL laser
- Other _____

Heather Onoday, F.N.P.

Anna Bar, M.D. Justin Leitenberger, M.D.

Surgical Fellow First Available

Cosmetic Faculty

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